A study of the Libidinal Impulses and its Management in Adolescents

Synopsis

for

Ph.D. in Clinical Psychology

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Significance of the study

Sexuality in our culture has never been more socially acceptable. Sexuality related information's are easily available through the explicit coverage of sexual behaviors in the media, movies, newspapers and magazines. And internet becomes a high demanding source of sexual gratification. That increase in availability of sexual rewards has uncovered an inability to control sexual impulses resulting in continued engagement in these behaviors despite the creation of negative consequences [Timothy,2006].

The period between the ages of 14 to 21 is crucial for the person's future mental and social health or ill-health (Moses laufer, 1995). Every adolescent experiences stress and frustration at this period. As a way to cope with that frustration, they may turn to preoccupation with sexual stimulation. They take interest in sexual relationship and these relationships become center of their life. These are the major topic of conversation among adolescents (Thompson, 1994) and have significant implications for health and adjustment (Bouchey & Furman, 2000). Because their significance for health, an understanding of adolescent sexuality requires a broader perspective.

As adolescents bodies begin to mature in reproductive capacities, their sexual desires increase. Study shows that just prior to ovulation and lasting several days, when the estrogen circulation is high in body that can increase in the desire for sex [Colettle Bouchez, 2004]. Most of the adolescents begin to experiment with sexual behavior and gradually develop some comfort with their sexuality. In a 1995 national survey (in Denver), 83% of males and 70%of females had sexual intercourse by the age of 19 (Abma & Sonenstein, 2001). Because these have significance for health, so, an understanding of adolescent sexuality requires a broader perspective. In fact, romantic involvement and sexual behavior have been found to be negatively correlated with academic achievement throughout adolescence (Halpern et al., 2000).

There are twelve listed sexual disorder in DSM IV and they are divided into disorders of sexual dysfunction, paraphilias and gender identity disorder. Among those disorders, we can find a sexual desire disorder called hypoactive sexual desire disorder which refers to

deficient or absent sexual fantasies or desires but there is no mention of repetitive, continued sexual behaviors or urges, that cause clinical distress and impairment. This condition might be included with in the context of sexual disorder not otherwise specified (302.70). Although, in ICD-10 a diagnostic criteria for Excessive Sexual Drive (F 52.7) is included.

According to the National Crime Records Bureau's Publication, Crime in India, the all India average conviction rate for sexual harassment was 51.8%, for rape was 27.2%, and for molestation was 30.7% (Times of India, 6Jan, 2008). Youth arrested for allegedly molesting two NRI women on New Year's Day (Hindustan Times, 5Jan, 2008). Furious over the rejection of his marriage proposal, a man committed suicide after shooting the girl and an old –aged man (Times of India, 27Dec, 2007) and many more news about these types of incidence are covering most of the part of print and electronic media today.

Psychologically, sexual behaviors serve to escape emotional or physical pain or are a way of dealing with life stressors (Kafka and Prentky, 1997). The irony is that the sexual behaviors becomes the primary way of coping and handling problems that in turn, creates a cycle of more problems and increasing desperation, shame and preoccupation (Timothy, 2006).

Anxiety and extreme stress are common in those who live with constant feeling of erotism. The excessive sexual thoughts and feelings also cause a harmful effect as far as the loss of vital energy and its subtle strength is considered. Control over such thoughts and acts are therefore necessary for the proper development and utilization of vital energy. The actual potential of sex is much more creative and important though latent in nature. The subtle form of this power is described as *Kama* in the Indian spiritual literature. The story of *Kamadeva's* defeat and transformation by the power of lord *Shiva*, is indeed as illustration of disciplining of the element of *Kama* by the discerning intelligence (Pt. Shriram Sharma, 2006).

Till now very few studies have been done on hyper sexuality or hyperactive sexual desires and their management. Taboos against the study of sexual behavior in our society have blocked the accumulation of needed information about sexual desires and their effects. So, there is a strong need of scientific research on it that may be tested empirically.

Review of Researches:

Gembeck and Collins(2008) studied 176 young people the age of 16-26 yrs and found that adolescents had accumulated a higher number of sexual partners by age 16 yrs when they looked older, drank alcohol more frequently and were more involved with dating in early to middle adolescence.

Margolin et. al(2007) studied a sample of 38 HIV-positive drug users and found impulsivity was negatively correlated with spiritual practices and motivation for recovery ,and was positively related to intoxicant use and HIV risk behavior.

Lam and Chan(2007) examined the prevalence of online pornography viewing and its psychosocial correlates among a sample of 229 young Chinese men in Hong Kong. Results showed that participants who reported to have more online pornography viewing were found to score higher on measures of premarital sexual permissiveness and proclivities toward sexual harassment.

Cotton & Berry (2007) studied the key scientific literature on the relationships between religiosity, spirituality, and adolescent sexual health outcomes, describing why religiosity/spirituality may be related to those outcomes, and briefly discuss programs/clinical implications for integrating these findings into clinical practice.

Ashby, Arcari and Edmonson (2006) found that adolescents who reported strong parental disapproval of sex, watching television two or more hours per day and lack of parental regulation of television programming were each associated with increased risk of initiating sexual intercourse within a year.

Martino et al. (2006) studied and found reducing the amount of degrading sexual content in popular music or reducing young people's exposure to music with this type of content could help delay the onset of sexual behavior.

Kafka (2003) studied the clinical sample of males with paraphilias, paraphilia-related disorders and sexual coercion may be associated with disinhibited sexual appetite. The integrated combination of psychotherapeutic and psychopharmacological treatments to reduce paraphilias, paraphilia-related disorders and adult sexual coercion are currently underutilized

both North and South America and Europe. That combination of interventions specifically target disinhibited sexual appetite behaviors, their antecedents and consequences.

Krueger and Kaplan (2002) found that cognitive- behavioral therapy appears to be the most effective non-pharmacological strategy for the treatment of paraphilias and hypersexual disorder. Cognitive behavioral techniques effective for decreasing and controlling sexual urges.

Dittus and Jaccard (2000) found that teens who reported being highly satisfied with their relationship with parents were 2.7 times less likely to engage in sex than teens who had little satisfaction with their parental relationships. Relationship satisfaction was associated with a lower probability of engaging in sex.

Holder et al. (2000) found that youth ages 11 to 25 respondents who were not sexually active scored significantly higher than sexually active youth on the importance of religion in their lives and reported more connections to friends whom they considered to be religious or spiritual.

Keeping in the mind of above all facts the present topic has been chosen for the study.

Statement Of the Problem:

A Study of libidinal impulses, and its management in adolescents.

Variable-

Independent Variable – Management package

Step-I (Yogic Practices & Counseling)

Step-II (Meditation & Counseling)

Step-III (Mantra & Counseling)

Dependent Variable-

Libidinal impulses

Quality of life

Hypothesis:

1. Experimental group of adolescents is low in libidinal impulses in comparison to control group of adolescents after step-I.
2. Experimental group of adolescents is low in libidinal impulses in comparison to control group of adolescents after step-II.
3. Experimental group of adolescents is low in libidinal impulses in comparison to control group of adolescents after step-III.
4. Experimental group of adolescents is high on quality of life in comparison to control group of adolescents after step-I.
5. Experimental group of adolescents is high on quality of life in comparison to control group of adolescents after step-II.
6. Experimental group of adolescents is high on quality of life in comparison to control group of adolescents after step-III.

Sampling –

Sampling Technique- Quota

Sample Size- 80

Age group- 14 to 21

Research Design-

Multiple base line Design

Tool:

Projective test for libidinal impulses developed by the researcher.

PGI General Well Being Measure by S.K. Verma & A. Verma

Statistical Analysis:

Suitable statistical analysis will be used according to the obtained data.

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